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Medical Reform, No. 2. By JAMES H. STUART, M. D.

IN my last I endeavored to depict the *necessity* for a medical reform; in my present, I purpose modestly to suggest the *means*. Legislative interference is, as before stated, for obvious reasons, manifestly out of the question. But we yet have left to us an unfailing resort. The great American Medical Association is, or ought to be in the medical world, a legislative body from whose decision there can be no appeal. It is composed of delegates, chosen for their competency, from all sections of the Union, and, of course, perfectly conversant with the wants and interests of their own peculiar districts. Recommendations from it have heretofore had almost the weight of law. Witness the six months' lecture term, which was immediately adopted by that noble old institution, the University of Pennsylvania, and has been since gradually coming into vogue among the other respectable schools of our country. In fact, as anything emanating from that body is but an expression of the will of the educated practitioners throughout the Union, it is impossible to withstand it. Now let the delegates to this great power, once fully understand the necessity of reform, thorough, and immediate, and what will be the result? The work will commence, and never cease until ignorance and charlatany are banished from the regular profession. Let but an edict be passed to the effect that diplomas from ordinary medical colleges are *not* sufficient guarantees of professional ability, and we will soon see a different state of things. Let an

examining committee be appointed from among the best men in our country, connected or not, as the case may be, with schools, whose duty it shall be to examine thoroughly all candidates for the profession. And let these examinations have reference to general education, intelligence, and scientific knowledge, as well as the mere practical details of anatomy, practice, &c., &c. Their qualifications as gentlemen should likewise be considered. Once a year would be sufficient for the examinations, which might be held in the presence of any stated number of non-professional witnesses. Let these, and these alone, be an index of ability, and let the profession frown sternly upon all who pretend to practice without having passed the ordeal, and we would then have only the proper number of educated men practising, instead of the confused mass of educated, and ignorant blackguards and polished men which now crowd our ranks. There would then be no rivalry, such as now exists among the schools, to induce the turning out of hundreds of ignoramuses every year to devastate the country with their murderous tide; but every man would feel that he had earned his position, and was interested in maintaining its dignity. Unless some such plan is speedily adopted, woe be to the man who studies medicine. Starvation and disgrace are his inevitable lot. But we hope for better things. The profession is waking from its lethargy. The evil has become unendurable and *must* work out its own cure.

ERIE, PA., Aug. 1851.

*On the Adulteration of Drugs.** By S. W. BUTLER, M. D.

MAN is supplied in nature and by art, with remedies for many of the diseases to which he is liable, and the importance

* See an article on "*Drug Grinding*," in that excellent quarterly, "*The American Journal of Pharmacy*," by Charles V. Hagner, who has for the last thirty-nine years been engaged in the business of grinding

of having, in the hour of sickness, articles of certain properties and known strength, is self evident. Yet what physician does not know that many times his efforts in combating disease are foiled; not from any error in diagnosis, but, from the uncertain action of the remedies he is obliged to employ?

The sulphate of quinia he orders may contain an unsuspected adulteration of sulphate of lime, gum, sugar, mannite, starch, &c.; powdered rhubarb may be adulterated with, he knows not what, and the color restored by turmeric; the cream of tartar he recommends may contain an indefinite quantity of sand or clay, and alum; in fact, there is scarcely a drug in the whole catalogue on which he can rely for uniformity of strength. In this paper we propose to glance at some of the causes of this adulteration of drugs.

First. The cupidity of those who gather the articles, who often mix with them inert foreign ingredients; of the exporters, in whose hands this is carried still further; and, perhaps, of the importers and druggists, many of whom, it is feared, do not scruple to contribute their quota towards self-aggrandizement, at the expense of suffering humanity, by a further sophistication. The wretch who dares to adulterate or counterfeit our national coin is held up to public execration, and, if apprehended, is dealt with with the utmost rigor that the law allows. But a man may amass a fortune and roll in wealth by means of gains gotten by adulterating and thus rendering impure, the fountain-head of that stream which, in the economy of providence, has been sent for the healing of our maladies, and not a lisp shall be heard against his nefarious practices, while loud complaints are made about the "uncertainty of medicine." To such a sad extent has this system of adulteration been carried, that Congress, a few years since, through the indefatigable exertions of Dr. Edwards, of Ohio, passed a law establishing the office of Drug Inspector in the larger cities on our

drugs in Philadelphia. Mr. Hagner writes like an honest man, and it is to be hoped that he will pursue the subject, and that his articles will exert a beneficial influence.

seaboard. This has, however, only partially remedied the evil, as it does not interfere with the sophistication of drugs by our own importers and druggists.

Second. A second cause for this adulteration of drugs, had its origin, perhaps, not so much in dishonesty of purpose as in error of judgment, though a very palpable error. There formerly existed more than at present, a conventional agreement between druggists and drug-grinders, by which the former allowed the latter a certain per centage for loss in powdering; usually, we believe, from four to six per cent.

On this point we will quote from Mr. Hagner's article, referred to in a note on a preceding page. He says: "It is perfect nonsense to expect a uniform loss in powdering any particular drug, with but few exceptions. * * * * We sometimes receive vegetable substances, roots, barks, gums, &c., direct from the hold of a ship, or from damp cellars; at other times we receive the same articles from the garret of a store, where they may have been for a year or more. It is ridiculous to expect the same loss in both cases. Most of the articles we powder contain more or less water, which we are obliged to dry out, and if we did not dry them artificially when we reduced them to such minute particles as constitute a fine powder, the water would escape by evaporation; this constitutes the loss in powdering drugs, at least the great amount of it. Some time back, I received a large quantity of bayberry bark, from a house in this city, who had bought it without sufficient examination, for it had been completely saturated with water, purposely I suppose, by some 'financier,' to increase the weight. When I opened it and saw the condition it was in, I called the attention of the owner to it, but he had unfortunately already paid for it. I dried it, and it lost over thirty-five per cent. in the drying alone. Now what a position would I have been in had I been restricted to a loss of two or three per cent. ! It would have taken a considerable quantity of what Mr. Redwood* facetiously calls 'veritable powder of post' (saw-dust), to have made this matter straight-

* American Journal of Pharmacy, vol. xxi., No. 1., January, 1849.

"The important article of opium comes to us in very different conditions. I believe it is the general custom of the druggists to keep this article in their cellars, to prevent its drying and losing weight; some, however, do not, particularly when it is intended to be powdered; of course the loss in the former must necessarily be greater than in the latter instance, and it would be perfectly unreasonable, under such circumstances, to bind the powderer to a regular per centage of loss in powdering opium. I have been informed, and I believe correctly, that there exists in some other places a conventional rule of six per cent. in powdering opium; so far as I remember, I rarely, if ever, powder it at a less loss than eight per cent., and sometimes as great as twenty per cent." Mr. Hagner says: "I have met with instances (not many to be sure, and none lately), where persons have sent their opium elsewhere to be powdered, for no other reasons than that of the loss being less than I made. Perhaps I might have satisfied them had I made use of the 'powder of post,' or something else, which is and must be done by every one who powders ordinary opium at a loss of only six per cent. This, however, I never have done, and never will do. I do not profess more honesty than my neighbors; but, if I had no scruples on the subject, I can imagine a case where I might make myself amenable to justice, as a participant in causing the death of a fellow being, whose life might be lost for the want of a proper article being administered. * * * Opium is one of the most important of the drugs that pass through my hands. Every physician, druggist, and apothecary, knows the importance of having it right, and, so far as it depends on me, it shall be right, be the loss in powdering what it may.

"With a conventional loss of six per cent., there can be no uniformity in the article. A powderer receives a lot of opium so dry that it only loses six per cent. in powdering. He receives another lot that loses twenty per cent. To bring the loss on the latter to the same as the former, he must put in fourteen per cent. of adulteration, and then you have one article fourteen per cent. less in efficiency than the other."

Here, of course, we have a very evident cause of the uncertain action of medicines. The above extract from Mr. Hagner's article shows the dilemma in which drug-grinders are placed where this conventional rule is observed, and he says: "There is, perhaps, no other business in which there are greater opportunities, more temptations to dishonesty and fraud, and more thanklessness—I may say *punishment*—for being honest, than in this business of powdering drugs."

Third. Another cause of the adulteration of drugs, and, perhaps, a principal cause, rests with the consumer himself. People measure the price of their medicines by the prices of their cloths, articles of provision, and other commodities, forgetting that, while the former is frequently the product of nature, often limited in its production to a very small portion of the earth's surface, from which the whole market of the world must be supplied, the latter is the product of the industry of man, and can be afforded for a price in proportion as the market is stocked with the commodity. A person having occasion to use a medicine, goes to an apothecary for it, but complains of the price. Perhaps a less honest neighboring apothecary, pandering to the public taste for cheapness, can produce the same article in name for half the price. The discerning public, tickled at the idea of getting medicines "so cheap," patronize the man who shamelessly hesitates not to risk the life and wellbeing of his customers that he may fill his coffers with gold.

Thus have men, who else had been too honest, been *forced* to yield to the general demand for cheap drugs, even at the expense of their purity.

We might, perhaps, enumerate as a *fourth* cause of this adulteration, the lamentable ignorance of too many physicians of the properties of drugs. Those who feel disposed to adulterate drugs, too often know that as far as the physician is concerned, they can do it with impunity, as there will be little fear of detection. This should not be so; our physicians should be good pharmacutists. It would be well if students of medicine were all required to learn the business of an

apothecary. But if they have not done this, they ought, at least, to attend schools of practical pharmacy, where they may learn all that it is essential for them to know with regard to the sensible properties and qualities of drugs, and thereby make themselves better judges of the medicines they purchase.

We think, though, that on all the above points there is of late a change for the better. Vast quantities of spurious, impure, and damaged drugs are annually rejected at our custom-houses; the conventional rule for allowing a certain per centage for waste in powdering drugs is not now generally observed; people are becoming more disposed to patronize those apothecaries who will furnish them with *good pure* drugs, be the price what it may; and colleges of pharmacy and schools of practical pharmacy are exerting a beneficial influence.

There is another matter on which we had intended to make a few remarks, and may make it the subject of another paper. We refer to the degree of fineness of powders, and the intimacy with which compounded medicines are mixed.

BURLINGTON, N. J., Aug. 1851.

An Inquiry into the Pathology of Dysentery, with remarks on its treatment. By the Editor.

It is the duty of a physician in the midst of a threatening epidemic, surrounded by anxious parents and friends, who look to him for counsel and aid, in the hour of affliction and danger, to avail himself of every remedy which his own experience, or the experience of others, has proved to be useful in staying the hand of disease and death; while it is equally his duty to judge wisely, and decide for himself, according to the symptoms which he is required to treat. To practice medicine after the dictum of any author, or to follow the routine of

remedies prescribed in books for certain diseases, merely because they are recommended, and without regard to the pathological condition presented in each individual case, would be to expose the sick to greater danger from the interference of the prescriber, than to allow the powers of nature to struggle alone with the disease. We make this remark because we believe physicians are too apt to rely upon the authority of great names, and too little disposed to think, judge, and act for themselves. And while we know that it requires care to avoid presumption on the one hand, and blind subservience to rules on the other, we are well persuaded that a close study of pathological science will lead to the development of mature truth in medicine. Under this conviction, we have endeavored to observe with care, the treatment prescribed by most authors for the cure of dysentery, and to practice in a manner which seems to us most in accordance with sound judgment and science.

Dysentery is said to be an inflammation of the large intestines, the mucous coat of the descending colon, and rectum being principally involved; and, as in most forms of inflammation, the lancet is presented by authors generally as a valuable means of arresting the disease in its onset. To bleed freely from the arm, or to abstract blood largely from the abdomen by means of cups, or leeches, is advised as a preliminary step of the utmost importance. Now we propose to show, without attempting, or wishing to undervalue the writings of eminent medical men, or the opinions of those who are not authors, that the practice of depletion, at least so far as relates to the treatment of epidemic dysentery in malarious districts, is not demanded by the condition of the system. In the first place, we are disposed to question the existence of acute inflammation in its incipient stage. We think the griping pains, distressing tenesmus, and other peculiarities of the disorder may be accounted for on other grounds. Take a patient, even of a full habit of body, who, by exposure to a variable temperature, privation from good and sufficient diet, or inhalation of malarious vapor, is brought to his bed with excessive heat in the

rectum, pain along the course of the colon, and other ordinary symptoms of dysentery. Must we conclude that the pain results from inflammatory action? May not a congestion of the hemorrhoidal vessels occupying the surface of the rectum, so fill up the passage as to create the heat and straining of which the patient complains? And failing to be relieved, may not the irritation be transmitted along the course of the tube, giving rise to tenderness of the whole abdomen? A suppository placed in the rectum produces a strong desire and effort to evacuate the bowels. Suppose the canal to be already emptied, and the suppository retained, would not the presence of such a substance cause pains in the upper bowels, and even sickness of stomach, if not removed? Why then may not a congested state of the vessels, which supply the rectum, act as a foreign body producing local irritation, and by its continuance transmit the same sensation to other parts of the abdominal viscera? And why may not the circulatory and nervous systems so sympathize with this engorged state of the vessels of the rectum, as to cause an irritable pulse and febrile surface?—for it is generally admitted that if fever is the first symptom noticed, without pain or dysenteric discharges, the dysentery is merely an attendant upon, or a complication of, some other form of disease. These inquiries have arisen in our own mind, as we have observed the course of the disease, both in its sporadic and epidemic form, for a few years past. And we have, invariably, treated such cases of it as have come under our care, without the use of depletory measures. Below, we offer a brief history of an epidemic dysentery which occurred in this city during the months of July and August of last year (1850). The disease appeared coincident with an overflow of the meadows, in the vicinity of the town, occasioned by a breach in the banks which protect them from the river. In consequence of the extent and continuance of the freshet, the land in the immediate neighborhood, remained under water for seven or eight days; and, after its subsidence, a succession of very hot days occurring, the exhalations arising from decayed and decaying animal and vegetable matter were ex-

tremely offensive, and no doubt contributed to aggravate the disease, which already prevailed to a considerable extent. The varieties of age, sex, per centage of mortality, &c., may be seen by the following table:—

	Number of Cases.		No. of Deaths.	
	Males.	Females.	Males.	Females.
Under 2 years age,	8	7	2	4
Between 2 and 10	16	9	3	"
" 10 " 20	7	8	1	"
" 20 " 30	6	18	"	"
" 30 " 40	10	16	"	"
" Above 50	1	4	"	"
	48	62	6	4
		48		6
	Total 110		Total 10	

These statistics are taken from our memorandum book, and comprehend only the cases which came under our own care. The deaths occurred invariably with children; most of them were teething, or were suffering from some complication peculiar to childhood. The oldest was a boy of twelve years of age, but recently removed from the almshouse, and was of a scorbutic habit of constitution. In those cases which presented none of the complications referred to, opium was employed as the principal remedy; and we are well satisfied that this drug possesses the power to control and cure dysentery in most instances. Given largely, it will cut short the disease in its incipient stage in a very short time. Our own practice has been, to administer to an adult, two and even three grains in cases of extreme suffering at a single dose; to insist upon perfect rest in the recumbent posture, to elevate the hips by pillows, with a view of diverting the current of the circulation from the rectum, to allow but little nourishment except that of the blandest kind, as gum water, linseed gruel, &c., and we have generally been satisfied with its effects. Of course, if there is reason to believe that hardened fæces, or crude ingesta, are lodged in the bowels, they are removed by appropriate cathartics; but we believe the great and prominent indication in this disease is to keep the bowels at rest after

they are emptied; and then, by position, to prevent the excessive flow of blood to the seat of pain, while opium is administered to relieve spasm and tenesmus, control the circulation, strengthen the nervous system, and produce sleep, all of which indications it is capable of fulfilling.

We have sometimes combined other remedies with opium; but the fact that no other medicine, when employed alone, will relieve the distressing symptoms—that to make it effectual it must be united with opium in some of its forms—is sufficient to induce the inquiry whether after all, opium may not be relied on, itself. But are not the secretions vitiated? Must we not use an alterative? Let us decide, then, which of the secretions is deranged, and what is the cause and nature of its change; for if we are to use an alterative, we must know what requires to be altered. Experience has taught us that the bladder, urethra, stomach, and liver, sometimes sympathize so freely with the diseased intestine as to give rise to various complications depending upon the seat of functional derangement; so much so, that the biliary, gastric, and renal secretions become modified in their appearance and properties, and seem to call for special treatment; but if they are the results of the pathological condition which marks the disease, and dependent merely for their existence upon the sympathetic relations which are sustained between the different organs of the body, is it not more in accordance with sound principles of science to relieve the secondary symptoms, by removing the primary cause from which they originate? If, then, the function of the liver, for example, is so disturbed by the intestinal disease as to create either a diminution or increase in the quantity of bile secreted, or if this fluid should, from the same cause, become changed in its character, why give calomel or any other medicine simply with a view of altering the properties of the particular secretion, when the same result would flow, as a matter of course, from the removal of irritation, and relief of pain, heat, and tenesmus in the bowel? By the same rule we should give diuretics to stimulate the kidneys and bladder, when from sym-

pathy, they fail to perform their functions. We do not urge any objection to the rule, except the fact that these combinations are apt to increase the irritation of the colon and rectum, even when guarded by opium, if continued for any considerable length of time. When the skin is hot and dry, we have found in our experience, the most grateful remedy to the patient, and we believe, one equally successful with most internal remedies, to be sponging the surface of the body with cold water and alcohol, whisky, or some convenient alcoholic liquor, to be followed by friction with a dry, coarse towel. In the adynamic form of the disease, or in the latter stage of ordinary cases where stimulation is demanded, we have seen the most signal benefit follow the administration of the following mixture:—

R. Aqua Camph. ℥iv.

Pv. G. Acac. ℥ij.

Chloroform gtt. lx.

Tinct. Opii. ℥iss.

M. Signa. A tablespoonful every hour till relieved.

Under the use of this remedy we have seen in protracted cases of the disease warmth return to the surface, and vigor to the pulse, in a few hours, when there seemed but little hope of permanent reaction. We cannot, therefore, fail to believe that the opiate and stimulating plan of treatment is that which is most likely to be successful in the treatment of the epidemic form of dysentery, particularly in malarious districts.

Santonine. By GEORGE W. PATTERSON, M. D., Resident Physician of the Northern Dispensary of Philadelphia.

HAVING recently made free use of santonine for the expulsion of the *ascaris lumbricoides*, I desire to express the satisfaction which I have had from its employment, being in

a concentrated form, and possessing neither taste nor odor, qualities which, at least, should be sufficient to give it some claims to consideration.

As an anthelmintic, it has a special mortal action upon lumbricoid worms. This I infer to be the case, from the fact that, while it has failed in my hands when used *against taenia* and the *ascaris vermicularis*, it has rarely done so when there has been sufficient evidence of the existence of the common round worm to warrant its use.

Whether the presence of such parasites in the alimentary canal is deserving of the notice or regard of physicians, which some seem to deny, it is not my purpose at present to consider; but as there are those who do believe them to be a source of annoyance, and especially to children, I would recommend a trial of this vermifuge. It is a medicine that at one time had a considerable degree of celebrity; but, from some unknown cause, it is at the present time but little employed. It is somewhat expensive, and the article which I used was presented to our institution by Messrs. Powers and Weightman, chemists of this city.

I am in the habit of prescribing it in the following manner, say to a child four years of age: R. Santonine gr. xii; Pulv. G. Acaciæ gr. vi; M. et in chart. iij div. One to be given night and morning, and followed by a dose of fluid ext. of senna. I have been informed, in some instances, that worms were expelled before the cathartic was given, still I consider its administration desirable, serving to discharge that superabundant mucus which is usually an attendant upon such cases. The subsequent administration of the syrup of the citrate of iron, I have usually found, will correct that state of the system which is so favorable to their production and multiplication.

Those who may use this medicine for the first time, will probably have their attention directed to the color of the patient's urine, the santonine having caused it to assume a saffron hue. This is not the result of irritation, which I have never known it to produce.

While in the choice of remedies, it should be our object to select such as are the best suited to meet the indications presented to our notice, we should never lose sight of the fact that medicines are, for the most part, repulsive to persons in a state of health, and become even more so when suffering from morbid derangements; that it is our absolute duty to administer them in as palatable a form as possible, and always to prefer such as are insipid or inodorous when no benefit can be obtained by a different course. I have had frequent occasion to witness the embarrassment which practitioners have experienced from want of attention to this matter. Entertaining such views, I have been prompted to make use of santonine as an anthelmintic, with which, after a fair trial, I have every reason to be pleased.

PHILADELPHIA, August 21st, 1851.

EDITORIAL.

DEATH OF JOB HAINES, M. D.

ANOTHER has fallen. Within the last three years, four physicians of this county have been called to their final account. All of them, save one, were in the prime of life, with buoyant hopes of success in our honorable profession; but none more so, than the subject of this notice. Dr. Haines was a man possessed of amiable qualities of mind, and, being gifted with a pleasing address, was rapidly finding his way to a prominent position in the community where he lived, and pursued with industry the practice of medicine. He was a graduate of the Jefferson Medical College, and, soon after his settlement in our State, connected himself with the District Medical Society of Burlington County, of which he was the Recording Secretary at the time of his death. But about twenty-eight years had rolled over his head, most of which he had enjoyed

in the peaceful retirement of rural life; and, just as circumstances were promising him an easy road to celebrity, and he found himself comfortably located in a community where he was respected and appreciated as a citizen, friend, and physician, and in a domestic circle where he was honored and loved as a husband, and father, the unseen messenger came and carried him to another home. He died of inflammation of the brain, after an illness of about eight days. The aged and infirm, whose talents and strength have been spent in doing good to their fellow-men, and in the promotion of sound truth in our science, leave their works here, for a final reward hereafter, and there is a sense of sorrow thrills the heart as their gray hairs are covered forever from our sight; and yet the knowledge of the fact that in the regular order of nature's laws they *must* yield, reconciles us to their loss; but when the young, sprightly with hope, in the midst of health and anticipated prosperity, laboring to be useful, honorable, and good, are suddenly smitten by the hand of disease and death, it is difficult to realize that their places are really vacant among us, till time writes it out in the sad experience of every day, and we learn to believe, by their continual absence, that they will return no more. We regret that we cannot lay before our readers a more detailed account of the life and death of our departed friend; but we could not, in justice to our own feelings, allow the opportunity to pass, of leaving upon record this humble tribute of respect to his memory.

DEATH OF JESSE DELANO, M. D.

We insert below all that we know of the death of another member of the profession of Essex Co. :—

“At a special meeting of the Essex District Medical Society, held last evening, in the absence of the President, Dr. L. A. Smith was called to the chair. Intelligence having been communicated of the death of Dr. Jesse Delano, the following resolutions were reported and adopted :—

“*Resolved*, That we have received the intelligence of the

decease of Dr. Jesse Delano with unfeigned regret. That we remember him as a respectable member of our society, who reflected honor upon the profession, and contributed to its reputation and usefulness.

"Resolved, That we communicate to the family of the deceased our sympathies for them in this hour of their affliction, and that we will wear the usual badge of mourning for thirty days.

L. A. SMITH, *Chairman.*

WM. T. MERCER, *Secretary.*

Newark Daily Advertiser, Aug. 14th.

NEWARK DAILY ADVERTISER vs. QUACKERY.

The following paragraph is taken from the *Newark Daily's* list of notices of periodicals, magazines, &c. :—

"*Throat Ail, Bronchitis, Consumption; their Causes, Symptoms, and Cure.* By Dr. W. W. Hall, N. Y., Redfield. Newark: Rogers & Agens, booksellers.

"This work is written as an advertisement for the author. It contains nothing new, and the principal paragraph but states the direction to the author's residence, and his terms. True merit needs no such means to be made generally known, and we have no intention of aiding persons of whose merits we are ignorant, who resort to such unprofessional means for notoriety, and who make a trade of a lofty art."

What other public newspaper of New Jersey will do the same, with works of like character when sent to them for notice? If all our editors would refuse to give countenance and credit to the volumes of trash which are laid upon their tables, they would throw, at least, as much of their influence in favor of the common good, as they now do against it, by the aid which they give to ignorant men who promise what they never can accomplish, and with whom the principal object is to promote self-aggrandizement, by practising imposition upon the ignorant and credulous.

ECLECTIC AND SUMMARY DEPARTMENT.

A Case of Chorea reported and read before the Belmont Medical Society.
By HENRY WEST, M. D. April 4th, 1850.—Miss L. S., aged fourteen, of delicate constitution, had enjoyed generally good health, was attacked, on the 27th of February last, with "slight headache and sore throat," which did not attract much attention from the family until the 2d of March, when she presented some unusual symptoms, which were not understood by them. A physician was called on, who visited and prescribed but once, when other business called him from home. The patient remained, as I was informed, in about the same condition until my first visit, which was on the 13th of March, when she presented the following symptoms, viz: Irregular and involuntary contraction of the muscles of almost the whole voluntary muscular system, more so, however, on the right side; inability to protrude the tongue; rolling the eyes; by placing any substance in the palm of the hand and requesting her to grasp it, the fingers would immediately become strongly extended; inability to articulate; no loss of consciousness; appeared perfectly sensible and knew what was said to her; slept reasonably well, during which she was entirely calm; had no fever; pulse eighty-five, small and of moderate resistance; bowels rather constipated; discharges natural color; urine scant and high colored; had never menstruated; slight tenderness in the right iliac region; also slight tenderness over third, fourth, and fifth dorsal vertebrae; no headache or pain in any part of the body; was unable to walk or sit in a chair; tongue coated with a light yellow fur, with a few clean spots over its surface.

Cause.—Various are the causes set forth by authors, all of which, in some cases, no doubt, may be correct. The remote cause in this case, in my opinion, was the approximation of menstruation; the proximate cause the functional derangement of some portion of the brain, and, most probably, the cerebellum, as set forth by some recent writers on physiology. The doctrine is, "*that one of the functions, the principal office, indeed, of the cerebellum, is to preside over and regulate the faculty of locomotion, to keep the muscles in due subordination, as it were, to the will.*" To this I am partly inclined to subscribe. To the cerebrum has been appropriated the organ and direction of the intellect, and presides over all our intellectual functions. There are, as all are aware, certain altered states of that portion which lead to mental aberrations. Persons so affected from false judgments cannot associate the ideas aright, &c. Just so with the cerebellum when, from some exciting or debilitating cause, it loses its power and control over the parts over which it presides, and, for a time, permits its satellites to take their own course; and a grotesque and unseemly out do they make of it, not unlike a regiment of soldiers when they lose their commanding officers, no order or regularity being observed.

Treatment.—Two indications presented themselves to my mind; first, to remove the constipated state of the bowels and loaded state of the tongue; second, to obviate the debility of the nervous system, but more especially that portion of the encephalon from which the motor power

originated, and, fearing my theory might not be altogether correct, I turned my attention somewhat to the spinal column.

March 15th.—I made the following prescription:—

Take Calomel	16 grains;
Ipecac	1 "
Pulv. Antim.	8 "

M. ft. pulv. No. 8.

One to be given every four hours, to be followed by infusion of senna.

For external application—

Take Ol. Olive	2 ounces;
Aqua Ammon.	1 "
Ol. Sassafr.	2 drachms.

M. ft. liniment.

To be rubbed freely along the entire spinal column.

March 16th.—Medicine had operated pretty well; not much improvement; alvine discharges, somewhat dark; tongue rather improved; involuntary motions about the same; continued the prescriptions as before, except to discontinue the ipecac. and add spirits of turpentine to the liniment.

March 20th.—Medicine had again operated well; tongue cleaned; pulse eighty, weak; extremities cold; involuntary motions the same.

Prescribed Precip. Carb. Iron	30 grains;
Sulph. Quinine	4 "

M. ft. pulv. No. 16. One to be taken every six hours, and the bowels to be kept open with infusion of senna.

March 22d.—Somewhat improved; pulse eighty-two, with more strength; extremities not so cold; involuntary motion not so great; could articulate monosyllables; some appetite; continued the prescription, except to increase the iron half a grain in each dose.

March 24th.—Still improving; can grasp objects presented to her; sits in a chair; speaks short sentences; appetite improving.

28th.—Much improved; very little involuntary motion, some slight about the muscles of the face and eyes; can stand alone and walk a few steps, but as yet very awkwardly; iron increased half a grain; continued same medicine.

31st.—The first salutation when I entered the room was, "Doctor, I am almost well," and rose to meet me, and extended her hand and gave mine a firm grasp. I advised her to continue the use of the precip. carb. ferri for some time to come. Her step is still weak, and unless the remote cause be entirely removed, I feared a re-attack. My intention is to continue it until her health be entirely restored, and probably until menstruation shall be established.

P. S. The treatment has been continued, and the patient is now in the enjoyment of good health.—*Trans. Belmont Medical Society.*

Circular addressed to the medical profession of the United States:—

"The undersigned, having been appointed, at the last meeting of the American Medical Association, Chairman of the Committee on the 'Results of Surgical Operations in Malignant Diseases,' respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:—

"1. The difference between cancerous and canceroid diseases, or those affections which are truly malignant, and those which are only partially

so. In the former category are comprised scirrhus, encephaloid, and melanosis; in the latter, certain maladies of the skin and mucous tissues, as lupus, cheloid, eiloid, and cancer of the lip.

"2. The precise seat of the disease, as the skin and subcutaneous cellular tissue; the eye, ears, nose, face, lips, tongue, salivary glands, jaws, and gums; the lymphatic ganglions of the neck, axilla, groin, and other regions; the mammary gland, uterus, ovary, vulva and vagina, penis and testis; the anus and rectum; and, finally, the extremities.

"3. The age, sex, temperament, residence, and occupation of the patient.

"4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

"5. Mode of operation, whether by the knife, caustic, or ligature.

"6. Time of death, or relapse, after operation.

"7. Examination of the morbid product; how conducted, whether by the unassisted eye alone, or by means of the microscope and chemical tests.

"The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications on the subject should be sent to the chairman of the committee by the first of January, 1852.

"Medical journals and newspapers friendly to the interests of medical science will confer a favor upon the undersigned by inserting the above notice.

"S. D. GROSS, M. D.

"UNIVERSITY OF LOUISVILLE, June 20th, 1851."

Woman's Dress a Cause of Uterine Displacements. Read before the Boston Society for Medical Improvement, July 28th, 1851, by Dr. W. E. COALE.—The great and increased frequency of uterine displacements in the last few years, must have forced itself upon the attention of every practitioner of medicine. A peculiarity, too, that they have of late assumed is, that they are now met with in very young persons, whilst medical authors, writing not a quarter of a century ago, describe them, unless in exceptional cases, as affections to be found in women who have several times undergone the labors of a mother—in those of originally defective constitutions—in those who have been imprudent in making exertions too soon after childbirth—or, in short, in those who have been worn down and enfeebled by any cause calculated to lessen the general tone of the system: imprudence in habits of life—overtaking in particular occupations requiring a stooping position, decay from age, &c. We find, however, now—and I appeal to those present for a candid confirmation or contradiction of the assertion—that a large number of cases of prolapsus uteri occurs in those in early womanhood, and some in those who have scarcely advanced beyond girlhood. For my own part, without recurring to former cases, the fact that at this moment I have under my care five—not one older than twenty-three, one of them but eighteen years of age, not one of them a mother, none engaged in any exhausting occupation—gives me warrant for what I say, and, though accident may just now have greatly increased my proportion of such cases, I cannot believe that in the total my experi-

ence is very different from that of others present. It is, then, surely an interesting subject for inquiry as to what are the causes of the frequency of these affections just now; and why are the youngest, and, in other respects, the heartiest women the victims of it.

One undoubted explanation for some of this frequency is, that from an increase of medical research and inquiry upon the subject, the disease is now detected where formerly it was passed by unrecognized, so that the increase of frequency is not so great as at first might be imagined. I state this in the outset plainly, that it may have its full force as far as it can go, and that it may not be supposed that I have at once gone to a favorite theory, not looking carefully and without prejudice to other sources.

Throwing out, then, a fair proportion of cases, as accounted for above, we still have left a large number for which we must seek other means of accounting. These, we believe, we find in the mode of dress now in fashion amongst our women—the peculiarity of which, as interesting to us is, that it is supported almost entirely from the waist—using that word, not in the dressmaker's sense, but in its old meaning as designating the contracted portion of the figure just above the hips.

Until the last fifteen years, although the dress was at times worn very low on the chest, it was always hung by broad shoulder-straps, frequently coming from the shoulders very high up towards the sides of the neck. A reference to any prints illustrating the fashions of this century prior to the time mentioned, or the costumes of England or France for any period, will more fully explain this if necessary. About fifteen years since, as a ball-dress, the shoulder-straps were left off, so that the upper line of the dress was perfectly horizontal, and this, with those elastic views of delicacy so peculiar to fashion, was often low enough to disclose the edge of the armpit. In this style there was apparently great danger of the dress slipping down, and it would do so but for the ingenious, though not graceful, contrivance of suspending it from uprights of whalebone, the lower ends of which are supported at the waist. This, from being a ball costume, has become more and more common; so that now, even when high-necked outer dresses are worn, the under dresses are cut low and supported as above described, in order to suit if a change be made in the former. Thus much for the part of the dress above the waist, to which we attribute its measure, though not a very large one, of the affections under consideration.

To the part below the waist, however, we believe we can look with confidence for a full and satisfactory explanation of the mischief done.

With a view of improving their shape, the lower part of the dress of women now consists of six, eight, or even more, skirts,* made of various materials; cotton—the stiff woollen material, intended for curtains, called moreen—flannel, and, at times, quilted with cotton wool, weighing together, as ascertained by actual experiment, ten, twelve, and even fifteen pounds. Each of these is supported by a string drawn very tightly around the body. We have seen the marks of these strings for days after the skirts have been removed—we have seen them even after death. Here, then, is the first source of evil—the continued pressure and constraint that these strings keep up—evidently embarrassing greatly the organs within. When to this, however, we add the weight of the skirts, we cannot but at once perceive how great an additional

* This is on the confession of patients themselves, or I could not believe or dare state it.

force we set to work, particularly if its operation—as exerted upon organs having amongst themselves a mobility almost as great as that of fluid—be properly estimated. To protect the abdominal viscera against this pressure, remember there is nothing, in front, at least, save a thin partition of woman's soft and tensionless muscle. That these viscera should be forced downwards is not surprising; that they must, in turn, exert an equal force downward on the pelvic viscera, is apparent; and that the uterus, the most moveable of the last, and the most obnoxious by its situation to receive such an impulse, should give way to the continual assaults upon it, is what we might most readily expect from the premises. Here we have an explanation full, and, we trust, convincing, of the frequency of a disease in the youngest and heartiest of the sex, which, twenty years since, was considered peculiar to those whose powers of life were greatly exhausted by demands upon them, or were already on the decline from age, an explanation, I may mention in passing, not yet offered, as far as I can ascertain, by any other writer.

We look upon the mischief thus done as no whit less than that effected by tight lacing; but, if anything, greater, for it is more silently done. Friends cannot see, and do not understand, the evil at work, and, therefore, can give no warning word. The symptoms themselves commence so gradually, and point so indirectly to the cause, as to excite no alarm in the victim. Exercise, which ought to invigorate, soon fatigues and becomes distasteful. Ascending a flight of stairs, or stooping to lift a comparatively light weight, instantly loads the hips with a burden that can scarcely be borne. The back, particularly at the lower part, feels sprained, and memory is taxed in vain for some injury to account for it. Dragging sensations around the hips, pain down the legs, and weak knees, are attributed to rheumatism. The symptoms may now begin to point more directly to the real seat of the trouble—every monthly period brings renewed sufferings, from which the system rallies more and more slowly—daily and hourly embarrassments occur of nearly all the organs within the pelvis—an irritable bladder (a very frequent symptom in my experience)—hemorrhoids—unceasing pain and continual sensation of bearing down. The retiring delicacy of maidenhood shrinks from telling these, and unless marriage happily brings her under the care of a physician, the mischief goes beyond the hope of relief.

Displacement of the uterus, though the most permanent and grievous trouble produced by the heavy skirts, is not the sole one. Close observation and more particular inquiries into the symptoms of dysmenorrhœa have convinced me that in very many cases the pressure above described keeps up, if it does not actually induce, a plethora of that organ, to which much of the sufferings at those periods may reasonably be attributed. This plethora, too, cannot be repeated often, or continued for a great while, it is evident, without alterations in the uterus itself, which must tend still further to embarrass it in the performance of its functions, and entail suffering upon the patient. Acting upon my conviction of this cause of suffering at the monthly periods, I have advised, upon the first warning of the flow commencing, that the string around the waist should be loosened, and as many of the skirts removed as the temperature will permit; and this I have often found to give immediate relief to a great degree.

If my theory as to the cause of so many of the cases of uterine displacement be correct, we have with it an explanation also of the inefficiency of our means of remedying the disease. Any truss or abdominal

supporter, to be efficient, acting precisely as the skirts do, by pressure externally upon the walls of the abdomen, must exercise a pressure fully equal to them before it can begin to do anything towards supporting the uterus. This is too clear to require demonstration. If it does act with equal force, we ask what can be the situation of a woman with a twelve-pound force pressing downwards and a twelve-pound force pressing upwards, upon the soft walls of the abdomen? What chance have the organs within of doing their duty, and how long, under such treatment, will it be before she can expect to lay aside such aids and assistances and find herself a well and hearty woman, with the original complaint perfectly remedied?

As a palliative to the evil of wearing such oppressive garments, we always recommend that they should be supported by shoulder-straps; and the suggestion of this simple expedient, imperfect as it is, has of itself brought us the heartiest thanks of the sufferers for the relief it has given them, assuring us that were the improvement carried further, in lighter and more equally-supported garments, greater relief might be afforded to our patients; and many, who are not such now, might be saved from becoming invalids.

The importance of the subject, I trust, will be a sufficient apology for the length of this paper, which I have tried to make as concise as clearness will permit. With a view to this, I have omitted to relate particular cases, though I could give several, highly illustrative of the correctness of my views, as well as more especial confirmations from expressions of patients themselves, often clothed in the strongest language that relief from suffering and renewed health uses.

In conclusion, I call attention to a moral aspect of the subject, viz.: that of all the peculiarities of woman's dress, which an appeal to the laws of physiology shows conclusively must seriously influence her health—low-necked dresses, corsets, tight and constraining waists, heavy skirts, narrow and thin-soled shoes—for not one of them is the shadow of a claim made that they contribute in the slightest to ease and comfort; but, on the contrary, it is openly professed that they are used solely and entirely for the improvement of the figure. By which we are driven to the inevitable conclusion that either woman was sent "into this breathing world scarce half made up," or that French dress-makers have greatly improved upon the pattern as originally devised by the Creator.—*Boston Medical Journal*.

Quackery. By W. H. STORER, M. D., of Boston.—In the year 1781, several of the most distinguished physicians of the State associated themselves together, and obtained an act of incorporation from the Legislature, under the name of the "Massachusetts Medical Society." By their charter, they are expected "from time to time to prescribe such a course of medical and surgical instruction, and such qualifications as they shall judge requisite for candidates for the practice of physic and surgery, and shall cause the same to be annually published." This course is pursued, and well-educated young men yearly present themselves to the proper officers to be examined, and, proving themselves to be competent, are allowed to become members of the society. But we look in vain in the chapter "concerning the practice of physic and surgery" in the State's laws, for a restraint upon irregular practitioners—for a prohibition that none, save well-educated men and such as have shown their capability by undergoing a thorough examination at the proper tribunal, shall be allowed to act the part of a physician

er surgeon. And the young physician, a member of the Massachusetts Medical Society, who has been able by the most strenuous efforts—by great self-denial—oftentimes by embarrassing himself for years, in a pecuniary point of view, to reach the goal for which he had so long and so ardently striven, finds, upon entering the threshold of his profession, that he is surrounded by ignorant, uneducated, unprincipled men, who have no hesitation in publicly proclaiming that they can cure all diseases, and that, too, without resorting to any of those remedies against which they know many persons have an insurmountable objection—men who deluge the community with handbills and certificates of the most remarkable success, prepared for the occasion, or testified to by bribed or irresponsible persons.

In no respect is our medical police more inefficient than in this. The evil I speak of has become a public nuisance, and as such it should be treated. A great portion of every community are exceedingly credulous—believing most fully whatever may be stated, which, to an enlightened mind, savors of impossibility. The more ridiculous and improbable the accounts, the more readily do they attract attention; and the greater the audacity of the narrator, the more certain, for a period, is he of succeeding.

I have known a delicate female, wasted with phthisis, and requiring all the sympathy and attention of her most devoted friends, persuaded to place herself under the care of one of those wretches who blasphemously warrant a cure, and subjected to the most active treatment that could be devised. A few days only were required to free her of her misery.

I have seen a strong day-laborer treated for inflammation of the bowels with the most stimulating drinks, crying in his agony for cold water, and supplied with potations of rum and cayenne, and compelled, in his intervals of repose from the most acute suffering, constantly to repeat the dose.

A few years since, a villain, who was said to have graduated from a Southern State prison, practised in our metropolis with immense success. Mercury and venesection, in his hands, controlled all diseases. The former in spoonful doses, and the latter to the utmost limit of the patient's strength, were employed indiscriminately. To use his own words, openly expressed and as openly boasted of, "he had drawn barrels of blood." Gross as were his proceedings, numerous as were the victims of his malpractice, there he remained, outraging the community, until the relatives of a patient he had imposed upon and ruined made a public exposition of the case.

But why should I adduce individual instances to prove my position, when, with others equally striking, most of you are undoubtedly familiar? Besides, the physician, as such merely, can do but little in this hoped-for reform. However anxious he may be to do his duty as a good citizen, to exhibit the villany which exists on the one hand, and the unavoidable misery consequent upon it on the other, but few can appreciate his motives, or will give him credit for disinterestedness; and he is literally compelled not only to see the grossest impositions inflicted upon his fellow-men, but to feel also that any interference on his part is the surest means of increasing them. It should be the duty, therefore, of those whose education and condition in life enable them to observe and comprehend the existing evil, to endeavor to remedy it. The better part of the community should act in unison upon this subject, and then the object could be accomplished.—*Address on Medical Jurisprudence.*

American Scientific Association.—This body, which recently met in Albany, transacted a large amount of business. Prof. Bache stated that since the first organization of the Association, there have been thus far 333 communications presented. Of these, 107 were on physico-mathematics, 32 on chemistry, 93 on mineralogy and geology, 83 on zoology and natural history, and the remainder on miscellaneous topics.

Lieutenant Maury, of the National Observatory, read an interesting paper on

Deep Sea Soundings.—At the commencement of this paper, he stated the very great obligations which he was under to this association. There were now under one system, which this association had rendered most material aid in approximating to perfection, over one thousand navigators in all parts of the world making observations on the temperature, the depth, the currents, and various other phenomena pertaining to the ocean.

The great difficulty in making deep sea soundings was not to get a lead to the bottom, but to get it from the bottom. This difficulty had been in some degree overcome by a suggestion of Prof. Guyot, who had advised him to use twine instead of the strong line generally taken for that purpose, so that when the line reached the bottom and the mariner commenced to haul upon it, the line would break where it was fastened to the lead, while the length of the line would thus measure the depth of the locality where the sounding was made. But there were other difficulties to be overcome, and, as an instance of this, he would mention that on one occasion twenty thousand fathoms of twine was thrown away from the Albany. He mentioned with pleasure, in this connection, Lieut. Taylor, of the navy, who had given his whole soul to this subject with an enthusiasm and zeal which he could not sufficiently praise.

Lieut. Maury stated that a part of the difficulty had also been overcome by himself, he having devised a plan of timing the speed with which the twine reeled off; a waxed twine and an unwaxed twine giving different degrees of speed. The speed also varied as the depth increased, in a certain ratio, which had to be taken into the calculation.

He exhibited on a very beautiful map the positions where several observations had been made, showing that in the Gulf of Mexico the John Adams had made observations which indicated a depth of five miles, while, the day after, the Albany had reached soundings at the depth of a quarter of a mile. He illustrated on the map how the temperature of the ocean varied, showing that the thermometer would indicate by its variations when a ship got on soundings, as it was a general rule the water on soundings was cooler than the currents which traverse the ocean. Off the Grand Banks, in winter, vessels will pass from the Gulf-stream to shallow waters in which the thermometer indicate a fall of thirty degrees. And so with the waters off the Delaware and the Chesapeake, where the cold waters of great rivers overlapped the warmer waters of the ocean.

In conclusion, he stated that the twine which he now used for deep sea soundings, though only of the thickness of ordinary whipcord, was made to sustain a weight of 120 pounds.—*Newark Daily Adv.*

Report of an Obstetrical Case. By C. R. PALMORE, M. D.—Mr. Editor—Supposing the recital of the following case, which occurred in my practice whilst connected with the "Obstetric Institute" in Phila-

delphia, will be acceptable to you, and interesting, if not instructive, to the readers of your valuable magazine, I have taken the liberty to transmit a condensed report of it from my case-book for publication. It involves a question in obstetrics which has always puzzled the young physician not a little, and which I hope this case will, at least, serve to direct the attention of practical physicians to the elucidation of the mystery with which teachers and books have surrounded it.

Case.—April 10, 1850. Mrs. M. G. was seized with labor pains this morning. The labor proceeded very well (the vertex presenting in the first position), till the head emerged from the vulva. At this time the child took several deep inspirations and cried lustily. I immediately perceived, however, the umbilical cord around its neck, and, on more minute observation, discovered it drawn *thrice* very closely. The pains were now very severe, of the expulsive kind, which caused the funis to become tighter at every effort. I endeavored to pull the cord down and pass it over the head, but soon found the attempt useless from its extreme tenseness. I next attempted to disengage and suffer it to pass over the shoulders as they descended. This was also of no avail, for I could scarcely insert one finger between the cord and neck, so closely was it fastened. My next duty, I conceived, was to suffer it to remain, or, in other words, trust to the *vis medicatrix nature*. This negative plan was as nugatory as the others had been unfortunate. The child, which before had cried, now ceased. Its face became at first dusky, then black, exhibiting plainly the compression of the jugular veins and the consequent stagnation of blood in the brain. Here, then, was no time to be lost.

The only alternative at my command was to sever the funis. But here (I should not call it a *demon*), authority arose before me. Dewees, Ramsbotham, Meigs, Hodge, whose opinions we all recognize, passed in rapid review. I remembered only one *similar* case, that mentioned in Dr. Meigs' "Treatise on Obstetrics," page 295. That this was a similar case, I had no doubt. I resolved, therefore, to cut the cord, which having been done, the child, released from its halter, soon revived; its face gradually assumed its natural hue; its breathing again commenced, and the mother's heart was illumed afresh by its reawakened cry. A few bearing down pains soon sufficed to drive the child from the vulva. I now tied the cord. Nothing unusual occurred in the after treatment.

Remarks.—It will be noticed that I pursued the usual course of treatment laid down in the books, and found this routine practice totally unavailing. Since the occurrence of the above case, I have examined the subject pretty closely, have maturely considered the salient points of the practice, and have come to the conclusion that the treatment usually recommended is, at least, irrational, if not radically defective, and that it will not answer in practice.

Upon a superficial examination, I know some may say that the success of the above case was *post hoc*, and not *propter hoc*. But if such persons would examine attentively the details given, they could not, in my opinion, refrain from being convinced that it was *propter hoc*.

What are the dangers that are so particularly inculcated by teachers? There is only one, and, to my mind, this scarcely deserves the name of danger. I refer to the *supposed* probability of the child's dying from loss of blood. I say *supposed*, because I cannot conceive why this can take place, as the child's body presses the cord against the vulva, effectually serving the purpose of a ligature. And this actually occurred

in the case I have just narrated. The loss of blood was scarcely appreciable. This is the most prominent, if not the only objection that can be urged against the treatment.

The advantages are numerous and, in my opinion, insuperable. It saves the child from impending death, and it empties the *placenta* of its retained blood, thus allowing it to be more easily detached by the efforts of the uterus, or, if necessary, by the hand. Moreover, if the cord were suffered to *remain* around the neck, and the child to descend, the cord might be torn from the *placenta* by the roots, or else it might draw the *fundus* of the uterus after it, and thus cause *inversio uteri*.

Those who have had this latter affection to deal with, will easily appreciate any plan recommended for its partial prevention.—*Stethoscope and Virg. Med. Gazette*.

American Medical Association. Prize Essays.—At a meeting of the American Medical Association, held in Charleston, S. C., in May last, the undersigned were appointed a committee to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and to award a prize to any number of them not exceeding five, if they should be regarded as entitled to such a distinction.

To carry into effect the intentions of the association, notice is hereby given that all such communications must be sent, post-paid, on or before the first day of April, 1852, to Geo. Hayward, M. D., Boston, Mass. Each communication must be accompanied by a sealed packet containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. The authors of the unsuccessful papers may receive them on application to the committee, at any time after the first of June, 1852; and the successful ones, it is understood, will be printed in the Transactions of the Association.

GEORGE HAYWARD, *Boston.*

J. B. S. JACKSON, “

D. H. STORER, “

JACOB BIGELOW, “

USHER PARSONS, *Providence, R. I.*

Boston, Aug. 20th, 1851.

Editors of Medical journals throughout the United States are respectfully requested to give the above one insertion in their respective journals.

Decay of Teeth.—Civilization has been marked by the appearance of a premature destruction of the teeth. No one organ, under ordinary circumstances, should fail any sooner than another. All the senses, when not abused, are tolerably active to advanced old age, when they operate less perfectly, each of them being only maintained by the harmonious movement of the others. At the expiration of three score and ten, some of the delicate interior structures, under the action of combined forces that belong to civilization, ordinarily give out. One becomes deaf who has, perhaps, been subjected to the shock of an explosion; another has dim vision, because he has habitually allowed injurious cases to operate that might have been avoided; and so on in regard to the violation of many of the laws of our nature.

The northern parts of the United States are proverbial for the bad teeth of the inhabitants, and for a long while the question has been agitated—what is the cause of it? Every answer but the right seems to have been given. One of the journals, the name of which is not recollected,* recently intimated that our food does not contain phosphate of lime enough to meet the exigencies of the system. This idea strikes us as being correct. In no country do so many people uniformly consume fine flour for habitual food as in the Northern States. By throwing aside the bran, we actually deprive ourselves of that portion of the grain which, it may be supposed, contains the material for keeping the teeth in repair. A persistence in this habit of using none but bolted wheat, for two generations, is quite sufficient to lay the foundation of a constitutional or hereditary tendency to bad teeth. The Western and Southern inhabitants are preparing for the same misfortune in their posterity, since fine-bolted flour is becoming the staple article of food with them. Bolting-mills were put in operation in New England. Here poor teeth first began to appear, and here they will always abound, should this cause prove the true one, till a more simple preparation of bread has been adopted long enough to overcome the defect in the parent stock.

Dentists are frank in warning their customers of the vices to which they are slaves, but to little purpose; and so we go on, from family to family, mending, stopping, and plugging up carious breaks in the enamel, till, in after ages, the native Bedouins of ancient America will ransack the tombs for the gold in the teeth of the buried millions, as they are now pounding up the mummies at the Necropolis of Sakkara, to find rings and jewelry buried on the ancient Egyptians.

Very much may be done for children, where a tendency to a premature decay of the teeth is discoverable, by strict attention to diet: simple food, never hot; and coarse bread, particularly from unbolted flour. Our food is too concentrated. It should be coarser. Nature has infused into the material for supporting animal life all the elements necessary for maintaining the stability of the vital mechanism. By bolting flour we have disordered her arrangement, and must expect to suffer the consequences.—*Editorial in Boston Journal.*

Supposed influence of Tobacco as an Antidote to Arsenic.—Dr. Henry J. Bowditch, of Boston, publishes in the *Boston Medical Journal*, of July 16th, some cases reported to him by Dr. A. J. Skilton, of Troy, N. Y., in which he has employed an infusion of tobacco very successfully as a remedy against poisoning by arsenic. We would gladly give place to the entire article, but our limited space forbids. From a discussion, which took place at a late meeting of the Troy Medical Association on one of Dr. Skilton's cases, he has been led to adopt the following as the *modus operandi* of tobacco as an antidote to arsenic: "And that it is a sufficient, an effectual, antidote," says Dr. S., "I have become satisfied. Arsenic kills by first exciting inflammation of the stomach; at least, so it is in all cases where it is introduced into that viscus. Tobacco, a powerful sedative narcotic, probably acts by benumbing the nerves of the stomach, and thence preventing or curing inflammation of the mucous coat of the organ."

Dr. Skilton's observations are certainly entitled to consideration, and, if they should be verified, it is evident, from the difficulty in pro-

* See N. J. Medical Reporter, vol. iv. p. 1.

curing, on short notice, an antidote to this favorite poison, that they are of great importance.

Case of Gunshot Wound of the Spine. Communicated by CHARLES S. TRIPLER, M. D., Surgeon U. S. Army.—The interesting and important discovery of the reflex function of the spinal nerves, promises so much benefit to the science of medicine, that no fact tending to illustrate or establish Dr. Hall's views can be looked upon with indifference. I, therefore, take great pleasure in communicating the following notes of an interesting case, which I made at the bedside of a patient a short time ago. I shall make no remarks upon it, preferring to submit it as it is for the use of Dr. Hall himself, should it ever meet his eye. I may, however, be indulged in suggesting that the practical surgeon may derive a hint from it that may save himself and his patient some trouble in a similar case; for, if the titillation of an afferent nerve may, through reflex action, enable him to dispense with the use of the catheter and enemata, it will be no trifling point gained.

During the protracted war with the Seminole Indians in Florida, an officer, traveling from St. Augustine to Picolata, was waylaid and wounded by a party of those savages. He was seated upon the floor of a common baggage-wagon; the ball passed through the side of the vehicle before striking him. He was shot on the line of the union of the last dorsal, with the first lumbar vertebra—the ball penetrating at the angle of the ribs, on the right side, two inches above the vertebra, and passing in a direction obliquely downwards and toward the spine. The general direction of the wound was ascertained by the probe, but the ball could not be felt, and where it is lodged remains a mystery to this day.

This took place on the 25th of November, 1839. The immediate consequences were loss of motion and sensation below the wounded part, though the sensorial recognition of the lower extremities was that of numbness and tumefaction. When he was received into the hospital, bottles of hot water were applied to his legs, with the effect of causing deep eschars very rapidly, but without producing any sensation. The gunshot wound healed very readily, leaving the patient in the following condition: The line of normal sensation began in front, at the interior superior spinous process of the ilium, descended almost in the direction of Poupart's ligament about half its length, then curved upwards, passed just below the umbilicus, described a similar curve on the other side, and then passed around the back, in nearly a right line, to the point of departure.

The bladder and the rectum were paralyzed; the one was relieved by the catheter, the other by castor oil. The use of the oil was continued for about two years; afterwards enemata were substituted; lavements of water are still used occasionally. The feces are passed without sensation. The catheter was used for about a year, or a little more. About the beginning of the year 1841, he found that the bladder could be induced to contract by *tickling the side of the penis, just behind the corona glandis*, and he afterwards discovered that the same manipulation would provoke the rectum to discharge its contents, no sensation, in the meanwhile, being transmitted to the sensorium.

He thinks that titillation of the left side of the penis affects the rectum more than the same operation upon the right.

No sensation of distended bladder calls for relief; but contraction of

the toes and abduction of both thighs occur at this time, warning the patient of the wants of nature.

Priapism was readily excited, for a time, by friction upon the back or breast; but this seems to have subsided of late years.

The flexors of the toes are permanently about half contracted; by tickling or jerking up the scrotum and testicles, these muscles may be made to act spasmodically.

The temperature of the paralyzed parts is good. He thinks he feels more and more, from year to year, a consciousness of the existence of the limbs, and, by an effort of the mind to fix attention upon them, they ache so much as to render it necessary to desist.

There is not so much corpulency of body as is usual in such cases, nor are the paralyzed extremities so much atrophied as we might expect.

All sorts of counter-irritations, hydropathy, homœopathy, electricity, strychnia, &c., have been resorted to, but without benefit. In 1844 or 1845, while trying the sulphur vapor, a jet of hot vapor was thrown upon the sole of the left foot, and took off the whole integument, he being totally unconscious of any sensation.

The urine was ammoniacal and purulent for the first three or four years, but has been less offensive since. If he assumes the erect position, leaning upon his crutches, to empty the bladder, the urine is less offensive than when he was obliged to lie in bed for a few days.

The color of the limbs is natural. He assures me that they were, a few years ago, more sallow and more atrophied.—*N. Y. Journal of Medicine.*

Diuretic Formula. By T. S. BELL. (*Western Journal Med. and Surg.*)—[After a brief allusion to the paper of Dr. Hook, in the November number of this journal, for 1850, on the use of watermelon seed as a diuretic, which he corroborates, Dr. Bell says]:—

But we can assure Dr. Hook that we have seen much finer diuretic effects from the formula we subjoin, than from any other diuretic we have ever used. It has often succeeded when all others failed. In 1838 we reported, in the predecessor of this journal, a very remarkable case of suffering in the kidneys and bladder, in which the calls to urinate were almost incessant for two days and nights, and only one or two drops of urine could be passed at a time. The pain complained of resembled that attendant upon stone in the bladder. Hip bathing, purgatives, emetics, opiates, and the usual round of diuretics, failed to give any relief. The patient seemed to be sinking rapidly under the combined effects of pain, agitation, vigilance, and exhaustion. The antilithic paste was then resorted to, for the first time, by the writer, and, in less than half an hour after it was given, the patient was easy and slept for several hours. The kidneys acted freely, and all suffering ceased. Since that time, abundant opportunities have presented themselves for the use of this paste, and its effects are uniformly all that the physician and patient can desire.

The formula for this paste was taught by Prof. John E. Cooke, and he gave strong testimony to its value. The following is the recipe: R. Castile Soap $\mathfrak{z}\text{iv}$; Spermaceti $\mathfrak{z}\text{viii}$; Ven. Turpentine $\mathfrak{z}\text{vj}$; Ol. Aniseed $\mathfrak{z}\text{ij}$; Turmeric $\mathfrak{z}\text{ij}$; Honey q. s. Rub the soap and spermaceti well together: then add the turmeric; after rubbing them well, add turpentine and ol. aniseed, and sweeten with honey.

Of this paste, a piece the size of a walnut is given two or three times

a day. The diseases in which it is most useful are those in which the mucous membrane is involved. There is a species of hoarseness which follows inflammatory action, and which often approaches aphonia, in which this paste is a very valuable remedy.—*Charleston Medical Jour.*

Medical Statistics.—Dr. Casper, the indefatigable statistician, has had the idea of drawing up tables of vital statistics, bearing upon the medical profession. These tables are of great extent, and contain very interesting details. We must confine ourselves to the following facts: The number of Prussian practitioners is about 3,452; their age varies in the following ratio: there are 1,873 from 24 to 36 years old; 737 from 37 to 46; 561 from 47 to 56; 190 from 57 to 66; 87 from 67 to 76; and 4 beyond 77. It will thus be seen that fully one-third are not 30 years old, and that hardly one-sixth reach 60.—*Lancet*, May 24th, 1851.

Case of Birth after death of the Mother.—Dr. Schneider relates that being summoned in haste to a woman in labor, he found her dead on his arrival. On placing the hand on the yet warm abdomen, he felt the uterus contracted and sunk in the pelvis. By an examination per vaginam, a foot was detected, and, by rapidly completing the delivery, he had the satisfaction of bringing into the world an apparently still-born child, which, however, soon revived.—*Casper's Wochenschrift*; and *British American Medical and Physical Journal*, April, 1851.

Varicose Dilatation of the Vessels of the Prepuce.—M. Beau (*Revue Medico-Chirurgicale*, Janv.), describes a condition of the prepuce which has not been noticed by previous writers, and which depends on a varicose dilatation of the lymphatics of the part. This lesion appears as a transparent cord, resistant and hard to the finger. The fluid which it contains is perfectly limpid. The disease generally appears suddenly after friction of the prepuce during coition, and after a time it is produced by simple erection. At first it speedily subsides after the exciting cause is removed, but eventually it becomes permanent, and in some cases becomes as large as a crow-quill. The treatment, when recent, is confined to simple measures, such as demulcent or astringent lotions. In the chronic state it may be cured by causing obliteration of the duct, by means of a thread passed through it.—*Prov. Med. and Surg. Journal*.

On the Absorption of Alimentary Substances and the Functions of the Lacteals. By M. C. BERNARD. (*Gazette Médicale*).—M. Bernard read a memoir on this subject, in which he proposed to determine, by direct experiment, the nature of the nutritive principles which are absorbed and conveyed by the chyliferous vessels, in order to ascertain if there really exist any alimentary substances which absolutely escape venous absorption, and consequently avoid passing through the liver before arriving at the lungs.

Alimentary substances submitted to digestion are, in the intestinal canal, finally reduced to three principal substances—the saccharine, the albuminous, and the fatty emulsive; on these M. Bernard has instituted experiments:—

1. *With regard to the absorption of Sugar by the Lacteals.*—On injecting large quantities of sugar into the stomachs of different mammifera, it has been found in the blood of the portal vein, while it was absent from the chyle of the thoracic duct at the same time and under the same

circumstances; whence it is concluded that sugar, before arriving at the lungs, traverses the liver, where it undergoes a peculiar physical modification. If a solution of grape sugar be injected into the superficial veins of a dog, it speedily passes off by the urine; on the contrary, if the solution of sugar be injected into the radicles of the portal vein, the sugar is no longer eliminated by the kidneys, but passes into the circulation, and is assimilated in the same manner as if taken into the digestive canal. Thus it is shown that the absorption of sugar by the portal system is a condition essential to its assimilation, since, if confined to the lacteals, the saccharine principle is abstracted from the influence of the liver, and is diverted directly into the general venous circulation, as takes place when it is injected by the jugular vein.

2. *As to the absorption of Albumen by the Lacteals.*—Albumen injected into the general venous circulation soon appeared in the urine. If injected into the portal vein, it does not then appear in the urine, but is assimilated in the same manner as obtains with sugar.

3. *Absorption of Fat.*—M. Bernard's previous researches have shown that fatty matters are not capable of admission into the lacteals until an emulsion has been formed by the action of the pancreatic juice. Immediately that this emulsion has penetrated the lacteals, their aspect undergoes an entire change; instead of remaining transparent, like other lymphatics of other parts of the body, they assume a milk-white appearance, and, owing to the transparency of the coats of these vessels, the course of the fatty matter may be followed from the intestine to the subclavian vein, where it is diverted into the thoracic duct. It is not necessary that fatty matters should traverse the liver in order to their assimilation. M. Bernard has injected fatty emulsions into the jugular vein, but has not found that substance in the urine.

Thus the products of digestion may be distinguished, with reference to absorption, into two groups—*e. g.*, 1st, fatty and albuminous matter absorbed by the lacteals, passing into the general circulation without having traversed the liver. The last proposition cannot be taken in so absolute a sense as the former, since experiment and microscopical examination demonstrate that fatty matters are absorbed both by the portal system and by the lacteals.—*Charleston Medical Journal.*

On the Therapeutical Employment of Coffee and Cafféine. By MM. VANDEN-CORPUT and HANNON. (*Brit. and For. Med. Rev.*, Oct. 1850, from *Bulletin de Thérap.*).—M. Vanden-Corput has recently published an article upon the febrifuge power of coffee, and especially its anti-neuralgic action, on which account it is now very much employed by the Belgian practitioners. Numerous therapeutical applications of this substance were made long since. Nebelius and Baglivi gave it in cephalalgia; Dufour prescribed it in phthisis and migraine; Willis employed it in a narcotic poisoning; and Grindel and Dorpat as a febrifuge. Musgrave, Pringle, Monin, Percival, Laennec, and a great many others, have spoken of it approvingly in essential asthma. In Dutch Batavia it is used in strong infusion, with lemon-juice, in pernicious fevers, and the practice, passing thence to Holland, has led to its being preferred there to quinine. Pouqueville declares it is infallible in the intermittents of the Morea, and Martin-Solon approves of its use in the adynamic form of typhoid. Dr. Guyot has recently strongly recommended it in pertussis. Besides medicinal properties, properly so called, it possesses the important one of disguising the taste of various substances, especially quinine, sulph. magnesia, and senna; and, if its anti-

periodic virtues really exist, it will probably favor the action of quinine instead of impairing it, as has been feared by some. It possesses the power, too, of developing the action of *haschisch*, contrary as this may seem to its generally acknowledged anti-narcotic properties.

M. Hannon speaks in the highest terms of the employment of the *citrate of caféine* in *idiopathic migraine*. Ten grains are first made into as many pills, one of which is given every hour for some time before the paroxysm. The dose is gradually increased until relief is obtained, and, in one case, even half a drachm at a time was given. The dose must, indeed, be large, in proportion to the obstinacy of the case and the length of time between the paroxysms. Large doses are also required in old, feeble, or cachectic patients, and in old cases the medicine must be long continued. It is desirable, when possible, to commence the medicine the evening before the expected paroxysm, when the entire quantity may be divided into several doses; but if it has been delayed until the commencement of the paroxysm, the whole quantity must then be given at once. The expected paroxysm may thus be entirely arrested, or merely diminished in severity; but, in all cases, save where the disease is sympathetic, it eventually yields.

While upon the subject of *migraine*, we may mention a still pleasanter remedy than coffee, suggested by M. Tavignot, viz., the making several *deep inspirations* in rapid succession. We must observe, however, that M. Tavignot does not understand by the term *migraine* simple neuralgia of the head, which many writers so designate; but the condition when this is accompanied by a state of physical and moral prostration, during which the blackest ideas assail the patient—the “blue-devils,” in fact, to which the English were once thought, on the continent, to be especially liable. During an attack of this, which, from former experience, he was led to believe would continue for twenty-four hours, he was induced, by the hope that this condition of the nervous centres might result from a stasis of the blood in the sinuses of the brain, or from imperfect hæmatosis, to take several deep and rapid inspirations; and, after a few efforts of this, he found himself completely relieved and able to resume his occupations. Other persons, similarly affected, have been in like manner relieved; but those who have tried the plan in simple neuralgia have been disappointed.—*Ibid.*

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Alexander H. Stevens, M. D., LL.D., President of the College and Emeritus Professor of Clinical Surgery.

Joseph M. Smith, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence.

John Torrey, M. D., LL.D., Professor of Botany and Chemistry.

Robert Watts, Jr., M. D., Professor of Anatomy.

Willard Parker, M. D., Professor of the Principles and Practice of Surgery.

Chandler R. Gilman, M. D., Professor of Obstetrics and the Diseases of Women and Children.

Alonzo Clark, M. D., Professor of Physiology and Pathology (including Microscopy.)

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The annual meeting of the *New Jersey Medical Society* will be held in *New Brunswick*, on the second Tuesday (13th) of May next.

W. PIERSON, *Rec. Sec.*

The annual meeting of the *District Medical Society of Camden County* will be held at the Hotel of Israel English, in *Camden*, on Tuesday the 17th of June, 1851, at 11 o'clock, A. M. The Board of Censors for the examination of candidates for medical license will meet the same day at 12 o'clock.

RICHARD M. COOPER, *Secretary.*

The annual meeting of the *District Medical Society for the County of Monmouth* will be held in *Freehold*, at the house of N. S. Rue, on the last Monday (28th) of April, 1851, at 11 o'clock, A. M.

D. POLHEMUS, *Rec. Sec.*

The annual meeting of the *Burlington County District Medical Society* will be held at *Mount Holly*, on the last Tuesday (29th) of April, 1851.

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RICHARD M. COOPER, *Secretary.*

The annual meeting of the *District Medical Society for the County of Monmouth* will be held in *Freehold*, at the house of N. S. Rue, on the last Monday (28th) of April, 1851, at 11 o'clock, A. M.

D. POLHEMUS, *Rec. Sec.*

District Medical Society for the County of Burlington.—An annual meeting will be held at the house of R. C. Humphreys, in *Mount Holly*, on the third Tuesday of April, 1851, at 11 o'clock, A. M.

JOB HAINES, *Secretary.*

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
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Fee for each Course, \$10.

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NOTICES.

MASSACHUSETTS MEDICAL COLLEGE.

The Medical Lectures of **HARVARD UNIVERSITY** will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November.

Obstetrics and Medical Jurisprudence, by *Walter Channing, M. D.*

Materia Medica and Clinical Medicine, by *Jacob Bigelow, M. D.*

Theory and Practice of Medicine, by *John Ware, M. D.*

Chemistry, by *E. N. Horsford, M. D.*

Pathological Anatomy, by *John B. S. Jackson, M. D.*

Anatomy and Physiology, by *Oliver W. Holmes, M. D.*

Principles and Operations of Surgery, by *Henry J. Bigelow, M. D.*

Clinical Lectures at the Massachusetts General Hospital three times a-week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous. The safe and effectual practice of etherization is taught in this School. Practical Anatomy is amply provided for by most liberal arrangements.

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RICHARD M. COOPER, Secretary.

NEW YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New York Medical College, will commence on Monday, the 20th of October, 1851, and continue five months.

HORACE GREEN, M. D., President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITTAKER, M. D., Professor of General, Descriptive, and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D., Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D., Professor of Midwifery and Diseases of Women and Children.

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On the Pathology and Diagnosis of the Diseases of the Reproductive Organs of Females, by B. F. BARKER, M. D.

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On the Surgical Operations of the Eye, by J. M. CARNOCHAN, M. D.

On Dental Pathology and Dental Surgery, by C. C. ALLEN, M. D.

The Preliminary Course will be free to all Medical Students and Medical men. The dissecting-rooms will be opened at the beginning of this Course.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

The candidate for graduation must be of the age of 21 years. He must have studied medicine under a respectable practitioner for three years. He must have attended two full Courses of Lectures, of which one must have been in this College, and he must present to the Faculty a thesis, in his own hand-writing, on some Medical or Surgical subject.

By the charter of the Institution a Graduate of this School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,
Dean of the Faculty.

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East Thirteenth st. near Broadway. }

TO PHYSICIANS AND CHEMISTS.

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PRIVATE OFFICE INSTRUCTION.

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JOHN NEILL, M. D.,

Demonstrator of Anatomy in the Univ. of Pennsylvania.

JOHN J. REESE, M. D.,

Lecturer on Materia Medica in the Philad. Med. Institute.

PHILADA., Jan. 1851.—2t.

COLLEGE OF PHYSICIANS AND SURGEONS, OF THE UNIVERSITY OF THE STATE OF NEW YORK.

The Forty-fifth Session of the College will be commenced on Monday, 13th October, 1851, and continued until March 11th, 1852, (commencement day.)

ALEXANDER H. STEPHENS, M. D., LL. D., President of the College and Emeritus Professor of Clinical Surgery.

VALENTINE MOTT, M. D., LL. D., Emeritus Professor of Operative Surgery and Surgical Anatomy.

JOSEPH M. SMITH, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., LL. D., Professor of Botany and Chemistry.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M. D., Professor of Physiology and Pathology (including Microscopy).

ELISHA BARTLETT, M. D., Lecturer on Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D., Demonstrator of Anatomy.

FEES.—Matriculation Fee, \$5; Fees for the full course of Lectures, \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New York Hospital daily, by the Medical Officers, (Professor Smith being one of them,) fee \$8 per annum; at the Bellevue Hospital twice a week, without fee; (Professors Parker and Clark belonging to the Medical Staff;) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The annual Commencement is held at the close of the Session; there is also a semi-Annual Examination on the second Tuesday of September. The prerequisites for graduation are—21 years of age, three years of study, including two full courses of Lectures, the *last* of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

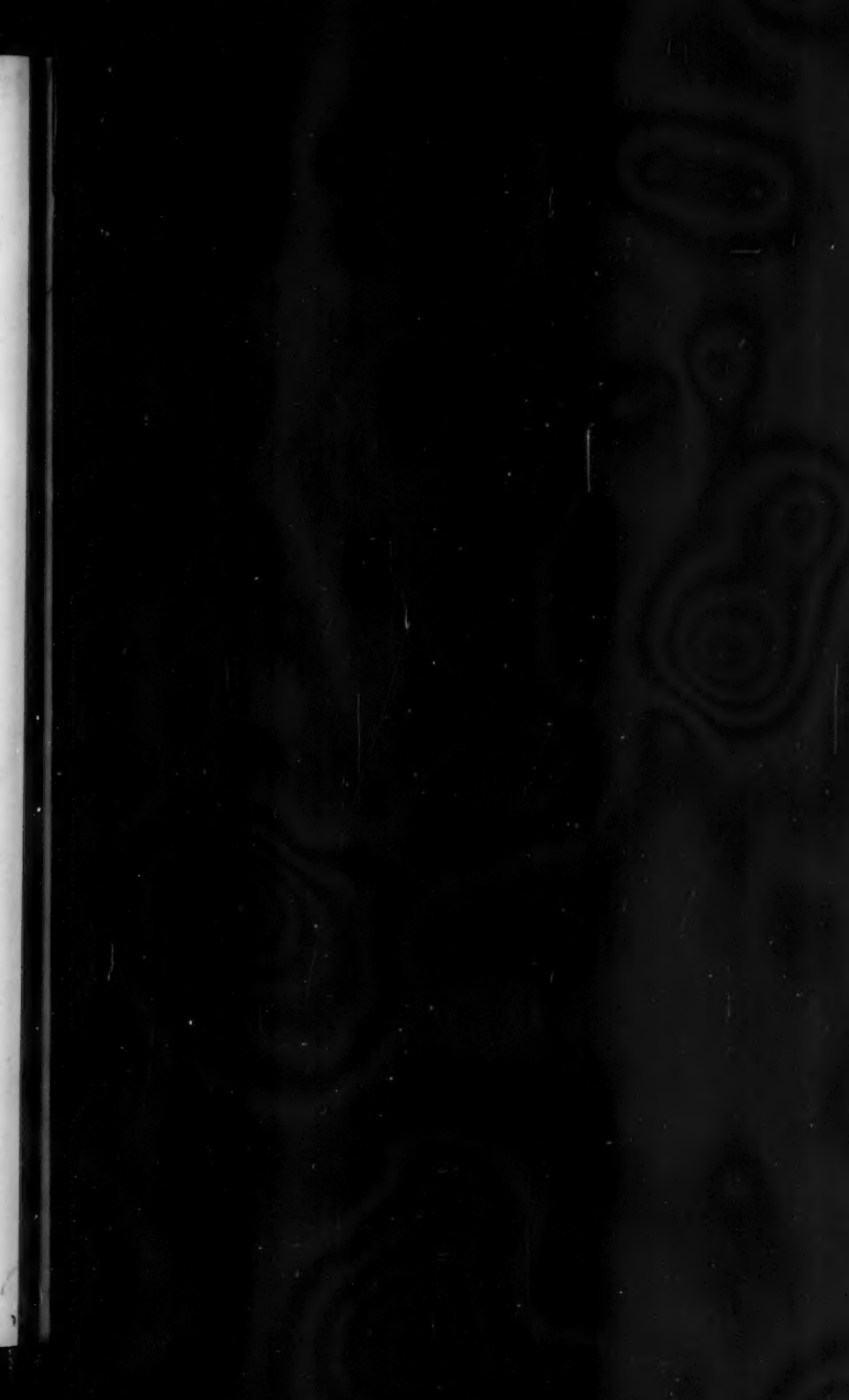
In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 29th September, and continued until the 13th October.

This course will be *free*.

R. WATTS, M. D., Secretary to the Faculty.

College of Physicians and Surgeons, {
67 Crosby Street, New York. }

JULY 8 1874



Vol



Vol. IV. Tenth Month (October), 1850.

No. 1.

THE
NEW JERSEY
MEDICAL REPORTER,
AND
TRANSACTIONS
OF THE
NEW JERSEY MEDICAL SOCIETY.

EDITED BY JOSEPH PARRISH, M.D.



BURLINGTON:
PUBLISHED BY S. W. BUTLER, M.D.
1850.

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OUR EXCHANGES.

Since our last issue, we have received in exchange the following journals:—

New York Journal of Medicine and the Collateral Sciences: bi-monthly. Edited by S. S. Purple, M. D. R. F. Hudson, Agent, 39 Wall St.

Western Lancet and Hospital Reporter; monthly. Edited by L. M. Lawson, M. D., and Geo. Mendenhall, M. D. Cincinnati, Ohio.

Southern Medical and Surgical Journal; monthly. I. P. Garvin, M. D., editor. Augusta, Georgia.

Buffalo Medical Journal and Monthly Review, &c. Austin Flint, M. D., editor. Buffalo, N. Y.

British American Medical and Physical Journal; monthly. A. Hall, M. D., editor. Montreal.

Northern Lancet; monthly. Edited by F. J. D'Avignon, M. D., and Horace Nelson, M. D. Plattsburg, N. Y.

Medical Examiner; monthly. F. G. Smith, M. D., editor. Philadelphia: Lindsay & Blakiston.

Medical News and Library; monthly. Edited by I. Hays, M. D., Philadelphia: Lea & Blanchard.

St. Louis Probe; monthly. A. J. Coons, M. D., and J. R. Atkinson, M. D., editors.

Boston Medical and Surgical Journal; weekly. Edited by J. V. C. Smith, M. D. Boston: David Clapp.

New York Medical Gazette and Journal of Health: weekly. Edited by D. M. Reese, M. D., LL.D. S. S. & W. Wood, 261 Pearl St.

Charleston Medical Journal and Review; bi-monthly. D. J. Cain, M. D., and F. P. Porcher, M. D., editors. Charleston, S. C.

Ohio Medical and Surgical Journal; bi-monthly. Edited by S. Hanbury Smith, M. D. Columbus.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. No. XI. July, 1850. Republished in New York, by Richard & Geo. S. Wood, 261 Pearl St.

American Journal of Insanity; quarterly. T. Romeyn Beck, M. D., editor. Utica, N. Y.

Summary of Trans. College of Physicians and Surgeons Philada.

Proceedings of New Jersey Historical Society.

Besides the above, we have received Announcements of several Medical Colleges; Practical Views on Medical Education, by the Medical Faculty of Harvard University; A Memorial, by John Bell, M. D., to the Faculty of the University of Pennsylvania; Report of Trial—the People v. Dr. Horatio N. Loomis, Buffalo.

Address before the American Medical Association, by the President, at Cincinnati, May, 1850. From the author, J. C. Warren, M. D., Boston.

NOTICE.

The subscriber, having undertaken the publishing department of the *New Jersey Medical Reporter*, trusts, by attention and promptitude, to meet the desires of those who feel interested in the prosperity of a journal which, as this does, represents the Medical Society, and indeed the Profession of the State of New Jersey.

It is his purpose, while publisher of the "*Reporter*," to have it appear promptly during the first week of January, April, July and October respectively.

Particular attention will be paid to the mechanical execution of the work, that in external appearance it may be a credit to the Society it represents.

All communications on any subject connected with the publishing department will receive prompt attention, if directed to the subscriber, Burlington, New Jersey.


S. W. BUTLER, M.D.,

Publisher N. J. Medical Reporter.

ADVERTISEMENTS.

We send this number to several Publishing houses, Druggists and Deans of Medical Colleges, presenting it to them as a medium through which they may make themselves known to the Medical profession of this State.

Our terms, we think, are very moderate, and may be found on the second page of the cover.

 We also send this number to some physicians whose names are not on our subscription list, with the request that they return it if they do not wish to be considered as subscribers. We invite particular ATTENTION to this last request.

SECOND EDITION.

In consequence of an unexpected demand for this number, we have been obliged to have a *second edition* printed.

We would remark that we have in the January number carried out our intention of enlarging the work, by adding *seventeen pages* of reading matter.

Vol. IV. First Month (January), 1851.

No. II.

THE
NEW JERSEY
MEDICAL REPORTER,
AND
TRANSACTIONS
OF THE
NEW JERSEY MEDICAL SOCIETY.

EDITED BY JOSEPH PARRISH, M.D.



BURLINGTON:
PUBLISHED BY S. W. BUTLER, M.D.
1851.

Price \$2 00 per annum.

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TO OUR PATRONS.

THE subscriber feels gratified that he is able thus early to acknowledge the favor and encouragement he has received, since he became the publisher of the *N. J. Medical Reporter*. In assuming this position, he confidently *expected* an increase in the subscription list, commensurate at least with the improvements he contemplated making in his department of the work.

To provide for this, he had an edition of the first number printed, more than as large again as the former subscription list, but that is already exhausted, and he finds it necessary to have a *second edition* of that number printed. The encouragement already received, by words and *acts* on the part of the old friends and patrons of the Reporter, convince him that he has not, as he at first feared, engaged in an enterprise of doubtful expediency. We think we have evidence that the Reporter is gaining on the confidence of the profession, and we claim for it a more liberal patronage both in and out of this State.

The knowledge and experience of our contributors, and the excellence of their contributions, is abundantly proved by the tribute paid them by our friends of the medical press, both at home and abroad, as well as by the increase in our number of subscribers out of New Jersey. Nothing seems now to be wanting to secure the eminent success of our undertaking, but increased energy and perseverance on the part of the publisher, with a continuance of the aid and co-operation of the members of the medical profession, as well as that of our personal friends. We shall endeavor to do *our part*—will subscribers and correspondents do theirs? In typographical execution, our Journal will now compare favorably with any in the country.


Stimulated by the encouragement already received, we have

enlarged the work considerably, and propose a still further enlargement if we find that our efforts continue to be received with favor; thus furnishing at a very low price, a large amount of reading matter, **MOSTLY ORIGINAL.**

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S. W. BUTLER, M. D.,


Publisher N. J. Medical Reporter.


 By inclosing bills to our subscribers we remind them that the amount of their subscriptions is now due, and we hope that the hint will be sufficient, for our liabilities are more than we can meet without promptness on the part of our patrons. Those, too, who received the first number as a specimen, are reminded that if they desire to be considered as subscribers, *their* subscriptions are also due.


Our *terms for advertising* may be found on second page of cover.

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 Mr. H. H. K. ELLIOTT, No. 192 Wood Street (four doors west of Eleventh Street), is our authorized *Agent* for Philadelphia.

Vol. IV.

Fourth Month (April), 1851.

No. III.

THE
NEW JERSEY
MEDICAL REPORTER,
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☞ We send, in this number, some bills due Mr. S. C. ATKINSON, the former publisher. This we do as a matter of accommodation, not being responsible for their correctness. If any numbers are wanting, Mr. Atkinson will supply them; or if there are any errors in the bills, he will rectify them. Should any one remitting to Mr. A. desire to continue the *Reporter*, it can be ordered through him.

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PHILADA., Jan. 1851.—2t.

NOTICE.

THE Publisher hopes that the subscribers and friends of the *Reporter* will not be offended with its present modest appearance. His *ambition* no doubt would lead him to make a little more show; but, as the work has been changed from a quarterly to a monthly, and as the subscription price is but *two dollars* per annum, he would not feel justified in attempting to give, at present, more than thirty-two pages monthly, which, of course, will amount to what he originally aimed at, viz: ninety-six pages quarterly. The publisher has no desire to issue a *cheap* journal; but if he can give good matter in fair print, and of that render a fair equivalent for the subscription price, he will be content, and believes the subscribers would prefer it.

Will the subscribers and friends of the *Reporter* aid us in our present efforts, so that the fifth volume may be begun with a much larger subscription list? If our friends will take hold energetically, there is no reason why we should not be able to begin the next volume with forty-eight pages monthly. We can assure our patrons that every name added to the subscription list will only be a starting-point for new enterprise, and new means of rendering the *Reporter* more useful as a record of medical science.

After all, the truest encouragement that can be given to the publisher will be *promptness* on the part of subscribers in *paying their bills*. We are sorry to appear to complain on this point, but our printers must have money—that is a matter so plain and *practical* that *we* cannot help understanding it!

S. W. BUTLER, M. D.,

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Vol. IV.

Fifth Month (May), 1851.

No. IV.

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NEW JERSEY MEDICAL REPORTER.

PUBLISHED MONTHLY.

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Mr. *Joseph M. Wilson*, No. 228 Chestnut Street, below Ninth, is our authorised *Agent* for *Philadelphia*, through whom any business connected with the *Reporter* may be transacted.

Vol. IV.

Sixth Month (June), 1851.

No. V.

THE
NEW JERSEY
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PHILADA., Jan. 1851.—2t.

The annual meeting of the *Distric. Medical Society of Camden County* will be held at the Hotel of Israel English, in Camden, on Tuesday the 17th of June, 1851, at 11 o'clock, A.M. The Board of Censors for the examination of candidates for medical licenses will meet the same day at 12 o'clock.

RICHARD M. COOPER, *Secretary.*

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Vol. IV.

Seventh Month (July), 1851.

No. VI.

THE
NEW JERSEY
MEDICAL REPORTER,
AND
TRANSACTIONS
OF THE
NEW JERSEY MEDICAL SOCIETY.

EDITED BY JOSEPH PARRISH, M.D.



BURLINGTON:
PUBLISHED BY S. W. BUTLER, M.D.
1851.

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Vol. IV. Eighth Month (August), 1851. No. VII.

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PHILADA, Jan. 1851.—2t.

COLLEGE OF PHYSICIANS AND SURGEONS, OF THE UNIVERSITY OF THE STATE OF NEW YORK.

The Forty-fifth Session of the College will be commenced on Monday, 13th October, 1851, and continued until March 11th, 1852, (commencement day)

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R. WATTS, M.D., Secretary to the Faculty.

College of Physicians and Surgeons,
67 Crosby Street, New York.

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On the Pathology and Diagnosis of the Diseases of the Reproductive Organs of Females, by B. F. BARKER, M. D.

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Vol. IV. Ninth Month (September), 1851. No. VIII.

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Editorial Department

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Eclectic and Summary Department

will contain whatever we meet with in our numerous exchanges which, in our judgment, will be of practical value to the profession, and when we can do it without injustice to the writers, we shall give the leading and practical points in articles which are too long to allow us to insert them entire.

We trust that our friends of the medical profession will aid us in our endeavors to sustain a journal which shall be creditable to the State Medical Society, and we hope that the profession of New Jersey especially, will lend us their aid in this enterprise. Without contributions we cannot hope to meet the wants of the medical practitioner, and this is what we aim at. In order the more effectually to accomplish this object, it is our purpose, as soon as it may be in our power, to effect an arrangement by which we shall receive several of the principal French and English medical and scientific periodicals, from which we can enrich our pages with whatever of interest and value they may contain.

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S. W. BUTLER, M. D., Publisher.

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